

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0003100 | | |
| Date Assigned: | 08/01/2013 | Date of Injury: | 03/20/2012 |
| Decision Date: | 01/13/2014 | UR Denial Date: | 07/23/2013 |
| Priority: | Standard | Application Received: | 07/25/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 41-year-old female currently requesting to undergo repeat Botox injections. Notes indicate the patient to have a 3 year history of ongoing symptoms related to headaches and back pain as well as neurological complaints. Notes indicated that the patient has a prior history of imaging with MRI of the neck performed on 05/25/2012 indicating a limited study secondary to motion artifact; however, there was no evidence of high grade stenosis, dissection, or aneurysm. Mild narrowing was noted at the left proximal internal carotid artery which was of doubtful clinical significance. X-rays were obtained of the chest on the same date revealing no evidence for pneumonia, pleural effusion, or pneumothorax. The cardiomedastinal contours and bones were appropriate for the patient's stated age. Additionally, and MR angiography of the head was obtained on 05/25/2012 indicating a normal MRA of the circle of Willis with incidental note of a median artery of the corpus callosum. Clinical evaluation of the patient on 06/28/2013 noted the patient was status post Botox injections performed on the patient's last visit which was on 05/01/2013. Notes indicate the Botox injections were performed due to chronic migraine headaches with the patient indicating that they helped a great deal with headaches and with her neck pain. Notes indicate the patient reporting having fewer headaches since her injections. The patient further indicated though she felt as though she was having some drooping of the eyes that was made worse with injections; however, she emphasized that she had some eyelid droop even prior to injection. However, the patient now feels as though her headaches are starting to return and notes indicate that a prior rhizotomy was significant for pain relief; however, the patient did indicate having some continued muscle spasms on the right side. Furthermore, notes indicate that the patient requested additional cognitive behavioral therapy sessions. Medica

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Repeat botox injections x 200 units, return visits x 5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Online Version, Neck and Upper Back Chapter section on Botulinum toxin (injection.).

Decision rationale: The California MTUS/ACOEM Guidelines do not specifically address Botox injections. The Official Disability Guidelines indicate that Botox injections are recommended for cervical dystonia but not recommended for mechanical neck disorders, including whiplash. Furthermore, botulinum toxin injections are not recommended for headache, fibromyositis, chronic neck pain, myofascial pain syndromes, or for use in trigger point injections. Furthermore, while documentation submitted for review indicates that the patient noted improvement following injections with Botox, there is a lack of comprehensive evaluation of the patient submitted on 06/28/2013 indicating medical necessity for further injection therapy. Given the above, the request for repeat Botox injection times 200 units, return visit times 5 is not medically necessary and appropriate.